ST	ATE O	F MARY	LAND-	CERTIFICATE OF DEATH	2940
1. PLACE OF DEAT	H .			(160-6)	
County Tues	ut,			Registration Dist. No.	02.
Village or City	hister	town		No. 424 Calvert St St.	War
				death occurred in a hospital or institution, give its NAME instead of street an	
Length of residence in city	or town where de	ath occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrs.	mos
2. FULL NAME		/2	ren	2	
(a) Residence: No.	14 CL	(Usual place of		St., Ward. If nonresident give city or town e	nd State
PERSONAL AND	STATISTIC			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR		5. SINGLE, MARR		21. DATE OF DEATH	
F los	1		(write the word)	March 7	, 193
5a. If merried, widowed, or divorce	ed			(Month) (Day)	(Year)
HUSBAND of (or) WIFE of				22. HEREBY CERTIFY, That I attend	ed deceased fr
				Mores 7 , 1932, to March 7	, 19
6. DATE OF BIRTH (month, day,				I last saw h	
7. AGE Years	Months	Days	If LESS than 1 day, hrs.	to have occurred on the date steted above, at	
		-	ormin.	were as follows	Date of on:
8. Trade, profession, or part kind of work done, as SAWYER, BOOKKEEPE	SPINNER,			I de la como de la com	Alama
SAWYER, BOOKKEEPE 9. Industry or business in v	hich			14/1000 1/10 1/10	
kind of work done, as SAWYER, BOOKKEEPI SAWYER, BOOKKEEPI Work was done, as SII SAW MILL, BANK, etc 10. Date deceased last work this occupation (most)	K MILL,			mother attalled his	
10. Date deceased last works this occupation (month	ed et	11. Totel tir	ne (years) t in this	colombus	
year)		Octu	pation	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town)	6 hu	terlos		Other Contributory Causes of Importance.	
(State or country)					
13. NAME 14. BIRTHPLACE (city or town	non	12mm	che		
14. BIRTHPLACE (city or town	1) 6 he	storts	vo~	Name of operation Dete of	1
(State of country)				What test confirmed diagnosis? Was there a	n eutopsy?
15. MAIDEN NAME	no to	muse i	clop to more	23. If death was due to external causes (VIOL ENCE) fill in also the follow	ing:
15. MAIDEN NAME Language Long Long Language Long Language Long Language Long Long Language Long Language Long Long Language Long Long Long Language Long Long Long Long Long Long Long Long			or, ped	Accident, suicide, or homicide? Date of injury	
S (State or country)			-	Where did injury occur? (Specify city or town, county and S	State)
17. INFORMANT (Address)	utirl	and I	Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL - 700-18			18	Manner of Injury	
Place Res	grown	Date	18 ,1932	Neture of Injury	
19. UNDERTAKER CO	has &	hlora	ld	24. Was disease or Injury In any wey related to occupation of deceased?	
(Address)		n -		If so, specify	
20, FILED Mar 8, 19	32	N.J.	Ticks	(Signed)	- M
			Registrar.	(Address)	1000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related rauses: Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APR 2 1932	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	Mi N Z 1992	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURBAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	41
1. PLACE OF DEATH 93	-()	K A
County Kent ula	Taleren Registration Dist. No. 200	
Village or City Davis Hall	No. St.	Ward
(IF	death occurred in a hospital or institution, give its NAME instead of street and number	r)
	ds. How long in U.S. if of foreign birth? yrs mos.	ds.
2. FULL NAME Margarett 13 oyer		
(a) Residence: No. Closeto 2. Mellington	St., Ward.	
(Usual place of abody) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Trousle bol OR DIVORCED (wire the word)	Hlaich 16 193	3 Z Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Boyer	22. HEREBY CERTIFY. That I attended decease	sed from
. * 6	Morely 9 ,1932 to Merely 16,1	9-5-
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	Hast saw h alve on Municy 16, 1932; deat	h is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
9 Trade profession or particular	were as follows:	ofonset
8. Trade, profession, or particular kind of work done, as SPINNER, House wife SAWYER, BDDKKEPER, etc.	(1) Broncho- kneumonia	rel 12
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this potential of the same than the same that the same than the same that the same than the same than the same than the same than the sa	(4 00000	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Ravis Hell (State or country)	Other Contributory Causes of importance:	
1 11 01 41	(1) myocardelis accordingle	
E 100 1	histy 9	
14. BIRTHPLACE (city or town) (State or country)	Name of operation	**
7. 17	What test confirmed diagnosis? Was there an autops	y?
E () 2 2 2 4 1 00	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, Date of injury, Where did Injury occur?,	19
17. INFORMANT Richard Boyer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Millington R-W. 18. BURIAL, CREMATION, DR REMOVAL	Manage of the same	
Place Davis Hill Date gravely 4/4, 19.32	Manner of injury	
19. UNDERTAKER & Grad of moure (Addiess) middle Times Delaman	24. Was diseasa or Injury In any way related to occupation of deceased? No	
20. FILED Mar. 18, 1932 Lest June Registrat.	(Signed) Wty Itm. Michmonl (Address) Chistertown, Mod	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for very person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones *	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	Ī
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Y, PHYSI- ed. Exact	PLACE OF DEATH County Kerry	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
EXACTLY iy classiffi floate.	Village or City Golf. (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
ated oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A PERM/CNI ACE should be stather it may be pre-	3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH , 192.1 17 I HEREBY CERTIFY, That I attended the deceased from 192.1. that I last saw here alive on Felly 192.1.
INK-THIS IS INI supplied. Journal see instruc	TAGE Claw 75 yrs. mos. ds. or min.? a occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	The CAUSE OF DEATH * was as follows:
WRITE PLAINLY WITH UNFADING Every item of information should be carefulans should state CAUSE OF DEATH in statement of OCCUPATION is very important	Which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	Contributory Secondary (Signed) (S
8	Filed) [5/1 192 My Must	8.9. mme misselm. Il

1923. yrs. 2 mos ds. mos.....ds. or, in deaths from jury and (2) Whether tals, Institutions, Transe......ds. DATE OF BURIAL If more bianks are needed, didre. Late Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more parameter. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia, "" "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY (secondary Chronic interstitial nephritis, Whooping "Atrophy," "Collapse, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) affection need not be ss important. Example: Measles (disease Chronic ," "Coma," "Convulsions, valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answaged in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. unetypille 7. (If death occurred in EXACTI y classi Ward) a hospital or institution, give its NAME in-stead of street and number.) proper of cert PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX 16 DATE OF DEATH 90 OR DIVORCE may n bac (Write the word) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH 1921 to March 14 and that death occured on the date stated above, at IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH or min.? Ш 8 OCCUPATION (a) Trade, profession or 田田 particular kind of work (b) General nature of industry o. business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country (Duration) 10 NAME OF FATHER 11 BIRTHPLACE *State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Momicidal. OF FATHER (State or country) 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER Stateyrsmos of death yrs shosds. (State or country) Where was disease contracted, if not at place of death?..... 14 THE ABOVE IS TRUE Former or usual res.dence..... Every IN CIANS stateme If more b.anks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from sary to know (a the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Hausemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Caak, ployed, as At schaal, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er, etc., without more precise specification as Day Laborer Farm laborer, Labarer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day Spinner, (b) Callan mill; (a) Salesman. should be used only when needed. As examples: additional line is provided for the latter statement : it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stetionary fireman, et . But in many Physician, Campositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and eacy person, irrespective of cupation is very important, so that the relative health Statement of Occupation Precise statement of oc report specifically the occupations of persons en-Fareman, For many occupations a single word or term on or At Hame, and children, yrs). For persons who have no occupation (b) Automobile factory. The material not gainfully em-(b) (ironery,

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disense. Enamples: (crebrospinal fever (the only definite synonym is "Upidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia":

"('Exhaustion,'" "Heart range, "Old Age, " "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved as fracture of skull, and consequences (e.g., segsis, tetunus) may be stated under the head of "contributory". carbolic acid-probably suicide. The n ture of the injury, accident; Revalver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICI AL. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify II diseases—resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinama, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drawning; Struck by railway train-Whooping (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY рy caugh; ("Congenital," "Senile," etc.), "Dropsy on," "Heart failure," "Haemorrhage, or intercurrent) affection need not Committee on Nomenclature of the Chranic valvulur heart disease; Example: Measles (disease etc. The contributory Meastes;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. At the data is essettle and must be obtained before the certificate is permanently file.



PLACE OF DEATH STATE OF MARYLAND County Kert. CERTIFICATE OF DEATH Registration Dist. No. 200 Village or City Millington (If death occurred in Ward) a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH March. MARRIED, . WIDOWED. OR DIVORCED (Write the word) (Month) (Pay) (Year) BINDI I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH 192/1. to Mean (Year) and that death occurred on the date stated above, at 2.60 7 AGE If LESS than I day hrs. The CAUSE OF DEATH * was as follows: or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 0 (Address) 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Z (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER (State or country) Where was disease contracted, if not at place of death?..... Former or usual residence DATE OF BURIAL A If more blanks are needed, addre. Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer Laborer—Loat mine, etc. Wousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement.

Never return "Laborer." "Foreman," "Manager." "Dealthe first line will be sufficient, e.g., Farmer or Planter Foreman, (b) Automobile factory. The For many occupations, a single word or term on or At Home, and children, not gainfully em-Farm laborer without more precise specification as Day For persons who have no occupation Laborer--Coal mine, etc. materia.

Statement of Cause of Death—Name, first, the DIS-EAS:: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> or as probably such, if impossible to determine definitely. approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of tho injury. accident; Revolver wound of head-homicide; Poisoned by (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentaken. For violent deaths state means of injuly "Exhaustion, "Atrophy," "Collapse," "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; Chronic etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERVED

MARGIN

No.

02

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1022 2 1022	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributers				
Other contributory	eauses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			\$	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108)
county /cent	Registration Dist. No. 203
Village or City Piney Weak no.	Reverk I fall death occurred in a hospital or institution, give its NAME instead of street and number) Ward
Length of residence in city or lown where death occurredyrs,mos.	
2. FULL NAME Carroll Creigh	tow.
(a) Residence: No. Civey Neek	St., Ward.
(Us il place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL FARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale What Warred	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Ruth E. Creighton	22.2 I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Selsh, 141895	I last saw have alive on 3 - 17 19-32; death is said
7. AGE Years Months Quys If LESS than	to have occurred on the date stated above, at
35 6 14 or hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Woterway SAWYER, BOOKKEEPER, etc.	doug oneumonia
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total lime (years) spent in this occupation.	
12. BIRTHPLACE (city or lown) Maryland (State or country)	Other Contributory Causes of importance:
± A	Name of operation Data of
4 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Eliza Ward	23. If death was due to external causes (VIOLENCE) fill in also the following;
16. BIRTHPLACE (city or lown) Grahand	-Accident, suicide, or homicida?Data of injury19
∑ (State or country)	Where did Injury occur?
17. INFORMANT Mis. Carroll Creighton (Address) Rock Hall J.F. A. M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Uresley Chapel Dale Mar 20, 19.72	Nature of injury
19. UNDERTAKER Chas. L. Dodd (Addrass) Chestertown Mis	24. Was disease er Injury In any way related to occupation of deceased?
20. FILEO 3/19. , 1932 B. Lun Bulking Registrat.	(Signed) No Golfred and M. D. (Address) Chesterlown Mrs.
If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
The principal cause of death and related causes of importance were as follows:		
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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No. 1. in

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tlon, give)	ND
Village or City. Village or City. (No. St.; Ward) (If death a hospital tilon, give i stead of number.) PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE; MARKED, WIDOWED OR BUYORCED (Month) (Day)	ATH ,
2 FULL NAME 2 FULL NAME 2 FULL NAME DERSONAL AND STATISTICAL PARTICULARS BESS 4 COLOR OR RACE 5 SINGLE; MORRIED, WIDOWED OR BUYORCED (Month) (Day)	270
3 SEX 4 COLOR OR RACE 5 SINGLE, MARKITED, WIDOWED OR DIVORCED (Month) (Day)	occurred in or institu- ts NAME in- street and
MICROSON (Month) (Day)	1
17 1 HEREBY CERTIFY. That I attended the	, 18.32 (Year)
	L 1957
that I last saw h alive on march 5	1957
TAGE Solution Composition Composition	m.
8 OCCUPATION	
(a) Trade, profession or particular kind of work.	
(b) General nature of industry business, or establishment in	mos ds,
which employed or (employer)	
(State or country) Pa. (Duration)	
10 NAME OF FATHER (Signed) L. C. C.	M. D.
tinke the	
11 BIRTHPIAE OF FATHER (State or country) 12 MAIDEN NAME A (Address). *State the Disease Causing Death, or, in dea Violent Causes, state (1) Means of Injury; and (2) Accidental, Suicidal or Homicidal.	ths from) whether
OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institu	tions, Trans-
ients, or Recent Residents) At place of death yrsmosda. In the State, yrs	.,mosda.
Where was disease contracted, if not at place of death?	/0.0,000 w.c
(Informant) Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL DATE OF	RURIAL
(Address) ake Side, Down, Dela, March	9,1932
Filed Mar. 7- 1932 Merritt Brice of UNDERTAKER ADDRESS	In Il
If more blanks are needed, address State Registrat 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	Jan K

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of iliness. If retired from or given up on necount of the disease causing death, ployed, as At school or At home. Care should be taken whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material the first line will be sufficient, e.g., Farmer or Planter, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

Statement of Cause of Death—Name, first, the presence to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic ecrebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"), *Typhoid fever* (uever report "Typhoid pneumonia,"); *Lobar pneumonia, *Bronchopneumonia* ("Pneumonia,")

Nomenelature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver around of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For violent deaths state means of injuri ean be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," "Con-State cause for which surgical operation was under-"Puerperal septicacmia." "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsious." couditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia (secondstated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; "Debility" ("('ongenital," "Seuile," etc.), (Recommendations on state-Example: Measles (disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6 1932

19. UNOERTAKER

(Address)

STATE OF MARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	95-6	
County Kent	Registration Dist. No. 2d2	
Village or City Chulerlaws md.	No.4/6 Caloud St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
	ds. How long In U. S. if of foreign birth?yrsmosds.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write he word) Marked Thanked	21. DATE OF DEATH (Month) Word (Day) 27, 193 (Year)	
HUSBANO of (or) WIFE of Academ Sacretta	THE FRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Were as follows: Data of one et Cert, de	
12. BIRTHPLACE (city or town) Maryland (Stete or country) 13. NAME Samuel Goeden	Other Contributory Causes of Importance:	
14. BIRTHPLACE (city or town). Maryland. (Stete or country)	Name of operation	
15. MAIDEN NAME Hancie Oudley 16. BIRTHPLACE (city or town) Mary Land (State or country)	23. If deeth was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Yeareth Called Me (Address) 18. BURIAL, CREMATION OR REMOVAL Place Education Date March 30 1987.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Mennor of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Nature of injury

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Attack of epilepsy	1 meek ago
	The south of the
Run over by street car	1 week ago
7 Perilonilis	3 days ago
Other contributory causes of importance:	1 year
	Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND	CERTIFICATE OF DEATH 1/2949
1. PLACE OF DEATH	20
County Mens	Registration Dist. No. 200
Village or City Balina	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Learnie Litticks	
(a) Residence No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAN IN
Jemses White Undow	(Month) (Oay) (Year)
5a. If merried, widowed, or divorced HUSBANO of (or)-MIFE of HERE OF	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year)	last sew her alive on Mar, 13, 1932; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 3
4 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of onset
9. Industry or business in which work was done, as SILK MILL.	Mon 8.1
SAW MILL, BANK, etc	Wrene Coma -
10. Oate deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) And & Proceedings (State or country)	Other Contributory Causes of importance:
13. NAME Levy-gell Chrisfield	
14. BIRTHPLACE (city or town)	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Gramusta Brises	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury, 19
∑ (Stete or country)	Where did injury occur?
17. INFORMANT LID. & ALICKO (Address) Galeria Mid	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Lalina Church Uff Dete Mag - 16 - 1932	Neture of injury.
19. UNDERTAKER IN I Sticks (Address) Greenly town Man	24. Was disease or injury in eny way related to occupation of deceased?
20. FILEO Mar. 15, 1932 Ger Registrar.	(Signed) Level Jane M. D. (Address) Lakeum VIII
4	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1 300 000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
4				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46) 8
County Sost	Registration Dist. No. 202
Village or City Australia	No. St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	- MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write they worth)	21. DATE OF DEATH MAN (Month) (Day) (Year)
5e. If married, wildowed, or divorced HUSBAND of (or) WIFE of	22. 3 - I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year)	I last saw har alive on 8 - 18 1957; deeth is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at D C _m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. 9./Industry or business in which	bances of alomach
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Manyeland (State or country)	Other Contributory Causes of Importance:
	- X
13. NAME Stinny Wells 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Recluid Coopher 16. BIRTHPLACE (city or town) Sunf Coopher (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT A thought with the control of the con	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bulles Law Date Man 21 - 1982	Manner of injury
19. UNDERTAKER US SHEETES MAS	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED Mes: 21-1932 W J Sticks Registrar.	(Signed) M. D. (Address) Ches Levels

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 2 1932	July 5,1927	Peritonitis	3 days ago
BUREAUT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATI	EMENTS BY PHYSICIAN
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 5 10/2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. WHIH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING THON is very important. See instructions on back of certificate. B.-WRITE PLAINLY, S. No. 1

1. PLACE OF DEATH		952
County French		Registration Dist. No. 205
Village or City Cheske	storions	No. St. War
Length of residence in city or town where d	(1)	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
(a) Residence: No.	and de	Cst. Ward
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of August HUSBAND of (or) WIFE of (or)	rried y Jorner	22. HEREBY CERTIFY. That I attended deceased from 22, 1932, to 1932
5. DATE OF BIRTH (month, day, and year)	Car 28/932	I last saw h alive on 1000, 19 \$ 2, death is sai
7. AGE Years Months	Days If LESS than	to have occurred on the date stated abovo, atm.
2/	2 I day, hrs. or rnin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	leun os	The dele lation
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Silli	Bulmon any or dema
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this 4	
12. BIRTHPLACE (city or town) Still	ePond !	Other Coatributory Causes of importance:
(State or country)	St James	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	ent-Co	Name of operation Dete of Was there an autopsy?
15. MAIDEN NAME	Reguster	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	0.0	Accident, suicide, or homicide? Date of Injury 19
(State or country)	re Co	Where did injury occur?
17. INFORMANT Mrs Was (Address)	4 Doiner	(Specify city or town, county and State) Specify whether Injury occurred in IMDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Place Stall fond in	Date apr 2 7932	Manner of injury
19. UNDERTAKER ORGANICATION (Address),	flows and	24. Was disease er injury in any way related to occupation of deceasod?
20. FILED april 1, 1932	W.J. Dreek	(Signed) M.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4 4	

ADDITIONAL SPACE FOR FURTHER STATEMI	ENTS	BY	PHYSICIA	AN
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No. It		During 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
County New		Registration Dist. No. 202	
Village or City Checkerland	d	No. Callege avenue St.,	_Wai
		death occurred in a hospital or institution, give its NAME instead of street and number	
Length of residence in city or town where d	eath occurred yrs. mos	now long in 0.5% if of folerga births: yis nios	
2. FULL NAME	reed moffer		
(a) Residence: No.	lege ane	St., Ward.	
(a) Nosidenoe. No.	Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female Cohite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) 25 (Day) (193)	2 aar)
If married, widowed, or divorced HUSBAND of (or) WIFE of	21 00 A.	22- I HEREBY CERTIFY, That I attended deceas	ed fr
1 sheet	Typed or.	Jan 1931, to Mck 25 ,11	3
DATE OF BIRTH (month, day, and year)	per 21 1863	last saw her aliva on mach 24 , 1932; deat	iss
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2:45 A,m.	
18 11	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	<i>J</i> · ormin.	were as follows:	ofone
8. Trade, profession, or particular kind of work done, as SPINNER,	The mile	7	
SAWYER, BDDKKEEPER, etc		D. Jun	Wh
work was done, as SILK MILL, SAW MILL, BANK, etc.		Carcinoma-lorash 19	30
TO Data deceased last worked at	11. Total tima (years)		
this occupation (month and year)	spent in this		
2	0.00	Other Coutributory Causes of Importance:	
. BIRTHPLACE (city or town)	wood Delaware		
(State or country)			
13. NAME Lengence	Reed.	A	
14. BIRTHPLACE (city of town)		Name of operation Dreast removed Date of Nor 1	73
(State or country)	awake	What test confirmed diagnosis? Was there an aulopsy	, ny
15. MAIDEN NAME Searcia		23. If death was due to external causas (VIOLENCE) fill in also tha following:	
10			
16. BIRTHPLACE (city or town)	a what o	Accident, suiside, or homicide?	J
(State of country)	254 10 1-	Where did injury occur?(Specify city or town, county and State)	
. INFDRMANT (Address)	Maffett and.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.	
BURIAL, CREMATION, DE REMOVAL	7/ . 1 = 0 =	Mannar of injury	
Place Kester Capielar	P Data MARCH 78, 1932	Nature of injury	
UNOERTAKER (Addrass)	Rack	24. Was disease ar injury in any way related to occupation of deceasad? No	
FILEO Mar 28 1932	W.J. Theks	(Signed) Allergy mons (Address) Castertown mad	N

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 dai;s ago	
PHILIPPE TO S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gustroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

MARGIN RESERVED

Every item of information should be carefully supplied AGE should be stated EXACTLY, PHYSIA CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD ITH UNFADING INK---THIS IS A PERMA PLAINLY, WRITE

PLACE	OF	DEATH
County /	e	ut



STATE OF MARYLAND CERTIFICATE OF DEATH

	1		Registration	Dist. No.
Village or City	Janu Men. I LL NAME		e mil moloy	d) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSOI	NAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX	4 COLOR OR RACE	5 SINGLY, MARRED, WIDOWED, OR DIVORCED (Vrite the word)	16 DATE OF CEAT / North)	(Day) (Year)
6 DATE OF BIR	RTH		17 I HEREBY CERTIFY, That I a	ttended the deceased from
	3 (Month)	24, 1922 (Day) (Year)	that 1 lest sew h alive on	
7 AGE ti	llborr	If LESS than I day hrs. mos. ds. or min.?	and that doeth occured on the date state The CAUSE OF DEATH * was as follows:	Maria III
	rofession or nd of work			
	nature of industry			
	establishment in yed or (employer)		(Duretion)	yra, moa de.
9 BIRTHPLACE	11	on Mil	Contributory Secondary (Duration)	
10 NAME (FATHER	John (ma	log.	(Signed) 190 Green (Address) 1912 (Address) 1914	esterlar
Lt I	or of trulen	inns bo hal	*State the Discase Causing Deat Violent Caus.s, state (1) Means of Accidental, Suicidal or Homicidal.	h, or, in deaths from injury and (2) whether
OF MOT	Huldad	mahor	18 LENGTH OF RESIDENCE (For Hosients or Recent Residents)	pitals, Institutions, Trans-
OF MOT		L 60 And	At place of deathyrsmosds. S	he tateds.
14 THE ABOVE	IS TRUE TO THE BEST	OF MY KNOWLEDGE	if not at place of death?	
(lat	falter		Former or usual residence	
(Informant	ress) Kened	guille	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 Filed Man	white 1932-)	Melach	20 UNDERTAKER	ADDRESS
	If more banks are	needed, addross State Registral	r, 16 W. Saratoga St., Balto., Requesting V.	S. No. 1.

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

eupation is very important, so that the relative health Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Sernant, Cook, Housenuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," 'Manager," 'Dealnature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write None. to report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, Architect, Locomotive engineer The material Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup 5; ed term for the same disease. Examples: Cerebros pinto to time and causation), using always the same accept Statement of Cause of Death-Name, first, the DIS HASE CAUSING DEATH (the primary affection with respec uphoid fever (never report "Typhoid Pneumonia" (the only definite syncnym is "Epidemie cerebro pneunonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on Nomenclature of the American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease ladinus) may be stated under the head of "contributory. diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," alc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaeraia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. inges, perilonacum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary use of "Tumor" for malignant neoplasms); Measles (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis carbolic acid-mobably smoide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (seeondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease etc. affection need valvular heart disease; The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lthe data is essential and must be obtained before the cartificate is

de H. P. Coheland reports that Itel Born Thes about two months, and John Maloy sid not have underlotter, and der thinks that it Nor disposed of on the form Millian Celack

--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMAN Y ITH UNFADING INK--THIS'IS WRITE PLAINLY 00 ż

BINDING

FOR

MARGIN RESERVED

No. 1

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PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE SINGLE MARKECO (Month) (Das) (Vean) (Month) (Das) (Month) (Das) (Month) (Das) (Wear (Month) (Das) (Month)	Village or City Chesterstoners	(Ha)	STATE OF I CERTIFICATE Registration St.: Ward	OF DEATH Dist. No. 202
SEX 4 COLOR OR RACE SHARKED WIDOWED (Write the world) OR DIVORCED (Write the Value on the date stated above, at E. J. S. L. S. C.	2FULL NAME Classific XXXXXX	ŶXXXXX	MULLINS	tion, give its NAME is stead of street and number.)
MARIED WIDOWECK (Write the word) 6 DATE OF BIRTH Also Karatus (Write the word) 7 AGE If LESS than I day hrs. I hat I last aw h alive on 192 hat I last aw h a	PERSONAL AND STATISTICAL PARTICULARS	ME	EDICAL CERTIFICATE	OF DEATH
Month (Day (Year) 1872 1874 1881 as w h alive on 182	MARRIED, WIDOWED WILLA		(Month)	
Iday hrs. Iday hrs. Iday hrs. The CAUSE OF DEATH * was as follows:	Unknown, 189	1 no The	dical all	endant?
(a) Trade, profession or Jeann follow particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) 10 NAME OF FATHER MINKENSOWN (Duration) yrs mos ds. 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) About Duration (Informant) About	I day henown I day he	rs. The CAUSE OF	DEATH * was as follows:	above, at 8.31A.m.
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MaiDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed Mart 1932 Wat Jucks Registrar Contributory Secondary (Signed) (Durstion) 17 M. D. (Signed) (Durstion) 18 Length (Signed) (Addressed Later Country (Addressed Later Country (Signed) (Addressed Later Country (Addressed Later Country	(a) Trade, profession or Jum Jobes particular kind of work (b) General nature of industry	- from	Carliac Contract	eger him
Signed And Control M. D. State or Country M. D. State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) And Maria Ma	which employed or (employer)			via mos de
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) (Bate of Mary 4 1932 (Address) (Bate of Mary 4 1932 (Address) (Bate of Mary 4 1932 (Bate of Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (Bate of Mary 4 1932	FATHER renterrouse	Signed 3	ry Little	Car, M.D.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) (OF FATHER Z (State or country)	Accidental, Su	icidal or Homicidal.	
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) (Ad	OF MOTHER 13 BIRTHPLACE	ients or Rece	nt Residents) In the	13777193
(Informant) Shirt Buries (Address) Shestestowns May By Stills Dand Masi 6 -, 198 15 Filed Mar 4 1932 Not Theeks Registrat Former or usual residence	(State or Country)	of deathyre Where was disease	e contracted,	teyrsmosds.
Filed Mar 4 1952 / of Steeks Registras De Toffecks Agelorous	0.140 R:	usual residence	URIAL OR REMOVAL	DATE OF BURIAL
Filed Mar 4 1952 / of Steeks Registras De Toffecks Agelorous	(Address) Lucles Cours May of	20 UN DERJAK	S Hand Ma	Mas: 6 - 1982
		8U J	Hecks	Melerlows

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthtired 6 yrs).. For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Campositor, Architect, Locomotive engineer, Civil engineer, Statianary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, that fact may be indicated thus; Farmer (rewithout more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-(b) Grocery;

iled under Mr. Dodd

Statement of Cause of Death—Name, first, the DISEASE (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchapneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway train. can be ascertained as the cause. (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma, FOR VIOLENT DEATHS State MEANS OF INJULY "" "Weakness," etc., when a definite disease cough; Chronic etc. The contributory affection need valvular heart Nomenclature Always qualify all ," "Convulsions, not be disease;

(Cor) changing surname

If this certificate is looked over thoroughly and all qu stions answered in detail, it illustrates the correspondence. All the ata is passential and must be obtained before the certificate is permanently file.

26.

1932 to M

6295 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ward) (If death occurred in a hospital or institu-tion, give Its NAME in-stend of street and olas properly of of certifica number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 3 SEX 16 DATE OF DEATH MARRIED. may be eq WIDOWED. OR DIVORCED (Write the word) pinous I HEREBY CERTIFY. That I attended the decessed from 6 DATE OF BIRTH that I last saw h walive on tha (Day) (Year) IIf LESS than 1 day hrs. The CAUSE OF DEATH * term Ш 8 OCCUPATION (a) Trade, profession or plain nt. S particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer). Contributory à 9 BIRTHPLACE Secondary MARGIN (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE OF FATHER *State the Discase Causing Death, or. Cin HZ S Violent Caus s, state (1) Means of Injury and (2) whether (State or country) CAU Accidental, Suicidal or Homicidal. 113 12 MAIDEN NAME 8 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-< OF MOTHER cup/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yis mos. ds. (State or country) Where was disease contracted, if not at place of death?.. TO THE BEST OF MY KNOWLEDGE Former or usual residence ... DATE OF BURIAL Registra If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: a additional line is provided for the latter statement: it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the Lusiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, et. But in many the first line will be sufficient, e.g., Fermer or Planter, tion applies to each and every person, irrespective of Statement of Occupation- Precise statement of ocwhatever, write None. Housemaid, etc. ployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, man, (b) Automobile factory. without more precise specification as Day If the occupation has been changed Laborerfactory. The material -Coal mine, etc. not gainfully em-(6) Grocery, Wom-

spinal meningitis"); Diphtheria (avoid use of 'Croup ed term for the same disease. E amples: Cerebrospic Typhoid fever (never report "Typhoid Pneumonia" EASE CAUSING DEATH (the primary affection with resp. Statement of Cause of Death-Name, first, the Disto time and causation), using always the same accept-(the only definite synonym is "Lpidemic cerebronoumonia. Branchapneumania ("Pneumonia

lever

stated unless important. "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., ol approved as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory". carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICI'M .. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify "Exhaustion, "Debility" (secondary Whooping cough; Chronic valuntar heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on Nomenclature ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, or intercurrent) affection need not be Example: Measles (disease Measles;

If this cartificate is looked over thoroughly and all quartions answered in detail, it will prevent further correspondence. At the data is essential and must be obtained before the cartificate is permanently filed

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. Village or City (If death occurred in St.: Ward) a hospital or institution, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORGE (Write the word) (Month) (Day) (Year).... I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at .. I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) ____vrs.____mos___ which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Durstion) 10 NAME OF FATHER 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER FNH (State or country) 12 MAIDEN NAME 00 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA ients or Recent Residents) 13 BIRTHPLACE At place of death ____yrs.____mos.____ds. In the OF MOTHER (State or Country) Where was disease contracted, if not at place of death?... Former or usual residence DATE OF BURIAL 20 UNDERTAKER lf more bianks are needed, addre & Ltate Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Wilnum
laborer, Laborer—
annaged Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many -Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al. "Uraemia, ""Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shook," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Ilaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need etc. The valvular heart disease; contributory Measles; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

A- A-	STATE OF MARYLAND	CERTIFICATE OF DEATH
state	1. PLACE OF DEATH	922)
る国の大人	county Kent.	Registration Dist. No. 263
	Village or City Rock Hall	ND. St., Ward
= 0/	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Every MANS ement	Length of residence In city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?mosds.
D. Every SICIANS tatement	2. FULL NAME Thomas W. King q	old
ECORD. PHYSI tact stat	(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
ECC Pl Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A A	3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED/(write the word)	21. DATE OF DEATH March (Month) (Day) (Year)
MANEN ACTI assified.	5a. If married, widowed, or divorced HUSBAND of	
A C A C Ssii	(or) WIFE of	22. MEREBY CERTIFY, That I attended deceased from may be 15 - 1932, to march. 15, 1933
CXE F	6. DATE OF BIRTH (month, day, and year) 100 g 12 18.50	I last saw helen alive on Marshy 15 1934; death is said
PE E	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR B. IS A PE stated E properly certificate	01 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
F. IS IS properties of the pro	8. Trade, profession, or particular () - 1.	wera as follows: Date of onset
of of	kind of work done, as SPINNER, Veteria farmer.	a lepstoy El-
KVE CTF ould may hack	d. Industry or business in which	Central and
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	the least didulate
SSE SE	- i Spontin this	acc. Acc.
KEN VG I AGE that	yaar) oscupation	Dther Contributory Causes of Importanca:
NKGIN KE NFADING plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Maryland	
GL radied.	(State or country)	
AR INI ppli ppli ins	13. NAME Thomas Wringgoth.	
H U sul		Name of operation Date of
Ting .	(State of country)	What test confirmed diagnosis? Was thera an autopsy?
LY, WTCL	15. MAIDEN NAME Mary Porookshark 16. BIRTHPLACE (city er town) (State or country) Mary land	23. If death was dua to external causes (VIDLENCE) fill in also tha following:
car TTH ports	0 16, BIRTHPLACE (city er town)	Accident, suiside, or homicida?
be EAT	(State or country) Maryland	Where did Injury occur? (Specify city or town, county and State)
A DE	17. INFORMANT MODE FOEL A (Smith.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA Should OF D	(Address) 18. BURIAL CREMATION, OR REMOVAL	
[+]	Place St Pauls Plest too Date March 1932	Manner of Injury
-WRITE mation s CAUSE TION is	0 P 60 11 1	Nature of injury
-W mat CA TIC	19. UNDERTAKER LO, Mas., L., Wodar	24. Was diseasa or injury In any way related to occupation of deceased?
B N	(Address) & hister town md	If so, specify
	20. FILED 3/14 , 1932 13. Tens Decelly	(Signed) M. D.
	Registr.	(Address)
	If more blanks are needed, address State Registrar,	2411 IV. Charles Street, Ballimore, Requesting U. B. No. 1/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrita ECEIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
APR 4 1932				
Other contributory causes of Importance V. S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SH	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 62959
1. PLACE OF DEATH	- E2300
County Stent	Registration Dist. No. 202
Village or City Chester Foron	No. St, Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
A S. A. A	The state of the s
2. FULL NAME James IN & Meary	01 141-1
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married	21. DATE OF DEATH March 26, 1932 (Month) (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret J. Sheats	1 HEREBY CERTIFY, That I attended deceased from Pohy 25, 1932, to March 26, 1932
6. DATE OF BIRTH (month, day, and year) Quegust 1, 1848	I last saw her alive on March, 26 , 1932; death is sald
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
83 / L3 ormin.	were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, Carkents. SAWYER, BDDKKEEPER, etc.	
kind of work done es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specified from the same time this comparison (month and specified from the same time this occupation (month and specified from the same time this occupation (month and specified from the same time this occupation (month and specified from the same time this occupation (month and specified from the same time the same time the same time the same time time the same time time the same time time time time time time time ti	Spoplexy
10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation	
P	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	good allow from the
13. NAME George Sheats	
13. NAME SECTED Sheats 14. BIRTHPLACE (city of town) D	Name of operation
(State of Country)	What test confirmed diagnosis? Hones Westhere an autopsy?
15. MAIDEN NAME Hrances Brown 16. BIRTHPLACE (city er town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city er town)	indicate, stated, or normalized
17. INFORMANT Mors Terryon Barnett	Where did Injury occur?
10 DUDIAL OPENATION OF PENOVAL	Manner of Injury
Place le hester town Date March 28, 1932	Neture of injury
19. UNDERTAKER Cohas, L. Roodd. (Address) Cohester From Mand	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Men 28, 1932 M. Registral	(Signed) (Signed) (Address) Charles (M. D. (Address) Charles (M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired-6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemand, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day (a) the kind of work and also (b) the 6 Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, American Medical Association.) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

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